Fill in this information to identify your case:		
United States Bankruptcy Court for the:		
NORTHERN DISTRICT OF INDIANA	_	
Case number (if known)	_ Chapter you are filing under:	
	Chapter 7	
	☐ Chapter 11	
	☐ Chapter 12	
	☐ Chapter 13	☐ Check if this a amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Pa	t 1: Identify Yourself		
		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
1.	Your full name		
	Write the name that is on your government-issued picture identification (for example, your driver's license or passport). Bring your picture identification to your meeting with the trustee.	Travis First name Heath Middle name Davidson Last name and Suffix (Sr., Jr., II, III)	First name Middle name Last name and Suffix (Sr., Jr., II, III)
2.	All other names you have used in the last 8 years		
	Include your married or maiden names.		
3.	Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)	xxx-xx-2521	

Case number (if known)

		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
4.	Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years Include trade names and doing business as names	■ I have not used any business name or EINs. Business name(s) EINs	☐ I have not used any business name or EINs. Business name(s) EINs
5.	Where you live	2111 Lincolnway South	If Debtor 2 lives at a different address:
		Ligonier, IN 46767 Number, Street, City, State & ZIP Code	Number, Street, City, State & ZIP Code
		Noble	
		County	County
		If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.	If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.
		Number, P.O. Box, Street, City, State & ZIP Code	Number, P.O. Box, Street, City, State & ZIP Code
6.	Why you are choosing this district to file for	Check one:	Check one:
	bankruptcy	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.
		☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)	☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)

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Case number (if known)

7.	The chapter of the Bankruptcy Code you are	Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box.							
	choosing to file under	■ Ch	apter 7						
		☐ Chapter 11							
		☐ Ch	apter 12						
		☐ Ch	apter 13						
8.	How you will pay the fee		about how yo	ou may pay. Typ attorney is subr	ically, if you are paying the fee yo	retition. Please check with the clerk's office in your local court for more details re paying the fee yourself, you may pay with cash, cashier's check, or money ayment on your behalf, your attorney may pay with a credit card or check with ou choose this option, sign and attach the <i>Application for Individuals to Pay</i>			
						n, sign and attach the Application for Individuals to	Pay		
			•		s (Official Form 103A). ived (You may request this option	only if you are filing for Chapter 7. By law, a judge	e mav.		
		! ;	but is not rec applies to yo	uired to, waive y ur family size ar	your fee, and may do so only if you not you are unable to pay the fee in	ur income is less than 150% of the official poverty I installments). If you choose this option, you must all Form 103B) and file it with your petition.	ine that		
9.	Have you filed for bankruptcy within the	■ No.							
	last 8 years?	☐ Yes	S.						
			District		When	Case number			
			District		When	Case number			
			District		When	Case number			
10.	Are any bankruptcy cases pending or being	■ No							
	filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?	☐ Yes	5.						
			Debtor			Relationship to you			
			District		When	Case number, if known			
			Debtor			Relationship to you			
			District		When	Case number, if known			
11.	Do you rent your	□ No.	Go to	line 12.					
	residence?	■ Yes	Has yo	our landlord obta	ained an eviction judgment agains	you?			
			_	No. Go to line	12.				

Debtor 1 Travis Heath Davidson

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Deb	Debtor 1 Travis Heath Davidson				Case number (if known)	
Par	t 3: Report About Any Bu	usinesses	You Owi	n as a Sole Proprie	tor	
12.	Are you a sole proprietor of any full- or part-time business?	■ No.	Go to	Part 4.		
	buomeos.	☐ Yes.	Name	e and location of bus	siness	
	A sole proprietorship is a	— 100.				
	business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.		Name	e of business, if any		
	If you have more than one sole proprietorship, use a separate sheet and attach		Numb	oer, Street, City, Sta	te & ZIP Code	
	it to this petition.		Chec	k the appropriate bo	ox to describe your business:	
				Health Care Busin	ness (as defined in 11 U.S.C. § 101(27A))	
				Single Asset Real	Estate (as defined in 11 U.S.C. § 101(51B))	
				Stockbroker (as d	lefined in 11 U.S.C. § 101(53A))	
				Commodity Broke	er (as defined in 11 U.S.C. § 101(6))	
				None of the above	e	
13.	Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor?	deadline operation in 11 U.S	s. If you in ns, cash-f S.C. 1116	ndicate that you are low statement, and f(1)(B).	court must know whether you are a small business debtor so that it can set appropriate a small business debtor, you must attach your most recent balance sheet, statement of federal income tax return or if any of these documents do not exist, follow the procedure	
	For a definition of small	No.	ı amı	not filing under Char	oter 11.	
	business debtor, see 11 U.S.C. § 101(51D).	□ No.	I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Code.			
		☐ Yes.	I am	iling under Chapter	11 and I am a small business debtor according to the definition in the Bankruptcy Code.	
Der	Damant if Var. Own as			Duamantu an Au	u Daniento That Needa Immediate Attention	
	t 4: Report if You Own or Do you own or have any		у пасагос	ous Property or An	y Property That Needs Immediate Attention	
	property that poses or is	No.				
	alleged to pose a threat of imminent and identifiable hazard to	☐ Yes.	What is	the hazard?		
	public health or safety? Or do you own any property that needs		If immed	diate attention is		
	immediate attention?		needed	why is it needed?		
	For example, do you own					
	perishable goods, or livestock that must be fed, or a building that needs		Where i	s the property?		
	urgent repairs?				Number, Street, City, State & Zip Code	

Debtor 1 Travis Heath Davidson

Case number (if known)

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

 Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

		pa	

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit
counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Deb	Debtor 1 Travis Heath Davidson			Case number	Case number (if known)			
Par	t 6: Answer These Quest	ions for R	eporting Purposes					
16.	What kind of debts do you have?	16a.		consumer debts? Consumer debts are defiersonal, family, or household purpose."	ned in 11 U.S.C. § 101(8) as "incurred by an			
			☐ No. Go to line 16b.					
			Yes. Go to line 17.					
		16b.	Are your debts primarily					
			☐ No. Go to line 16c.	<u> </u>				
			☐ Yes. Go to line 17.					
		16c.	State the type of debts you	u owe that are not consumer debts or busines	s debts			
17.	Are you filing under Chapter 7?	□ No.	I am not filing under Chapt	ter 7. Go to line 18.				
	Do you estimate that after any exempt property is excluded and	■ Yes.		7. Do you estimate that after any exempt propavailable to distribute to unsecured creditors?				
	administrative expenses		■ No		sumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an hal, family, or household purpose." iness debts? Business debts are debts that you incurred to obtain ment or through the operation of the business or investment. be that are not consumer debts or business debts Go to line 18. you estimate that after any exempt property is excluded and administrative expenses able to distribute to unsecured creditors? 1,000-5,000			
	are paid that funds will be available for		☐ Yes					
	distribution to unsecured creditors?							
18.	How many Creditors do	■ 1-49		☐ 1,000-5,000	☐ 25,001-50,000			
	you estimate that you owe?	☐ 50-99)	5 001-10,000	☐ 50,001-100,000			
		☐ 100-1 ☐ 200-9		□ 10,001-25,000	☐ More than100,000			
	Have moved do very							
19.	How much do you estimate your assets to	\$0 - \$						
	be worth?		001 - \$100,000 ,001 - \$500,000					
			,001 - \$1 million	□ \$100,000,001 - \$500 million	☐ More than \$50 billion			
20.	How much do you	□ \$0 - \$	650,000	☐ \$1,000,001 - \$10 million	☐ \$500,000,001 - \$1 billion			
	estimate your liabilities to be?		001 - \$100,000					
			,001 - \$500,000		held purpose." hess debts are debts that you incurred to obtain operation of the business or investment. mer debts or business debts fiter any exempt property is excluded and administrative expenses unsecured creditors? 25,001-50,000			
		□ \$500	,001 - \$1 million	4100,000,001 - \$500 million	Li More trian \$50 billion			
Par	t7: Sign Below							
For	you	I have e	kamined this petition, and I o	declare under penalty of perjury that the inforr	nation provided is true and correct.			
				d not pay or agree to pay someone who is no the notice required by 11 U.S.C. § 342(b).	t an attorney to help me fill out this			
		I reques	relief in accordance with the	e chapter of title 11, United States Code, spe	cified in this petition.			
		bankrup and 357	tcy case can result in fines u 1.					
			ris Heath Davidson Heath Davidson	Signature of Debto	r 2			
			e of Debtor 1	•				
		Execute	<u></u>					
			MM / DD / YYYY	MM	/ DD / YYYY			

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Debtor 1 T	ravis Heath Davidson	Case number (if known)	

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

/s/ Sabrina Jill Kitsos	Date	May 8, 2019
Signature of Attorney for Debtor	_	MM / DD / YYYY
Sabrina Jill Kitsos 24978-02		
Printed name		
Glaser & Ebbs		
Firm name		
132 E Berry St		
Fort Wayne, IN 46802		
Number, Street, City, State & ZIP Code		
Contact phone 260-424-0954	Email address	skitsos@glaserebbsfw.com
24978-02 IN		
Bar number & State		

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Fill	in this inform	nation to identify your	case:			
	otor 1	Travis Heath Day				
		First Name	Middle Name	Last Name		
	otor 2 use if, filing)	First Name	Middle Name	Last Name		
Unit	ed States Ban	kruptcy Court for the:	NORTHERN DISTRICT	Γ OF INDIANA		
		, ,				
(if kno	e number				☐ Chec	k if this is an
					amen	ded filing
		<u>m 106Sum</u>				
				nd Certain Statistical Information		12/15
infor	mation. Fill o	ut all of your schedu	les first; then complete th	e are filing together, both are equally responsible he information on this form. If you are filing amer k the box at the top of this page.		
Part	1: Summa	arize Your Assets				
					Your a	ssets
					Value	of what you own
1.	Schedule A/	B: Property (Official F	from Schedule A/B		\$	0.00
						0.050.00
						9,950.00
	1c. Copy line	e 63, Total of all proper	ty on Schedule A/B		\$	9,950.00
Part	2: Summa	arize Your Liabilities				
					Your li	abilities
					Amour	t you owe
2.			Claims Secured by Property Imn A, Amount of claim, at	y (Official Form 106D) the bottom of the last page of Part 1 of <i>Schedule D.</i>	. \$	47,955.00
3.	Schedule E/I 3a. Copy the	F: Creditors Who Have e total claims from Part	Unsecured Claims (Official 1 (priority unsecured claim	al Form 106E/F) ns) from line 6e of <i>Schedule E/F</i>	\$	0.00
	3b. Copy the	e total claims from Part	2 (nonpriority unsecured of	claims) from line 6j of Schedule E/F	\$	228,473.00
				Vour total liabilities	a b	270 420 00
				Your total liabilitie	S D	276,428.00
Part	3: Summa	arize Your Income and	d Expenses			
4.	Schedule I: \	Your Income (Official F	orm 106I)			
	Copy your co	ombined monthly incom	ne from line 12 of Schedule	e /	\$	1,826.00
5.		Your Expenses (Official onthly expenses from I	,		\$	1,851.00
Part	4: Answei	r These Questions for	r Administrative and Stat	istical Records		
6.	-	•	ler Chapters 7, 11, or 13? t on this part of the form. C	Check this box and submit this form to the court with y	our other sc	hedules.
7.	■ Yes What kind o	f debt do you have?				
•	Your de	ebts are primarily cor		debts are those "incurred by an individual primarily fo	or a personal	, family, or
				9g for statistical purposes. 28 U.S.C. § 159.		
		ebts are not primarily rt with your other sched		eve nothing to report on this part of the form. Check the	nis box and s	ubmit this form to

Official Form 106Sum Summary of Your Assets and Liabilities and Certain Statistical Information

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Debtor 1 Travis Heath Davidson

Case number (if known)

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

1,826.93

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

	Total claim	
From Part 4 on Schedule E/F, copy the following:		
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. Total. Add lines 9a through 9f.	\$	0.00

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Etti to	di in ind		.	and the leading of the con-				
		ormation to identi		nd this filing:				
Debto	r 1	Travis Hea	th Davidson	Middle Name	Last Name			
Debto								
``	e, if filing)	First Name		Middle Name	Last Name			
United	States	Bankruptcy Court f	or the: NORT	HERN DISTRICT	OF INDIANA			
Case	number							Check if this is an
								amended filing
<u>Offic</u>	cial F	orm 106A/	B					
Sch	nedu	ıle A/B: F	Property	/				12/15
think it informa	fits best.	Be as complete an ore space is needed	d accurate as po	ssible. If two marri	once. If an asset fits in more than on ied people are filing together, both ar rm. On the top of any additional page	e equally responsible fo	r supply	ing correct
Part 1:	Descri	be Each Residence,	Building, Land,	or Other Real Estat	te You Own or Have an Interest In			
1. Do y	ou own o	or have any legal or	equitable interes	st in any residence,	building, land, or similar property?			
■ N	o. Go to F	Part 2.						
ПΥ	es. Wher	e is the property?						
Part 2:	Descri	be Your Vehicles						
□ N ■ Y	-	, ,		•				
3.1	Make:	FORD		Who has an inte	erest in the property? Check one	Do not deduct secure		
0.1	Model:	FLEX		■ Debtor 1 only	,	the amount of any se Creditors Who Have		
	Year:	2010		Debtor 2 only		Current value of the	Cı	urrent value of the
		nate mileage: ormation:	88961	Debtor 1 and	Debtor 2 only of the debtors and another	entire property?	po	ortion you own?
Γ	Other IIII	omiation.		At least one o	of the debtors and another			
				Check if this (see instruction	is community property	\$8,000.0	<u> </u>	\$8,000.00
Exam N Y Add page	mples: B ilo ilo ilo ilo des	oats, trailers, moto Illar value of the p have attached for De Your Personal an	oortion you ow Part 2. Write t	tercraft, fishing ve n for all of your e that number here	enal vehicles, other vehicles, and essels, snowmobiles, motorcycle actendary and entries from Part 2, including any entries from Part 2 includ	cessories	port	\$8,000.00 rent value of the ion you own?
							1)0 r	not deduct secured

Examples: Major appliances, furniture, linens, china, kitchenware

□ No

Schedule A/B: Property Official Form 106A/B

Debtor	1 <u>Tr</u>	avis Heath	Davidson	Case number (if known)	
■ Y	es. Des	scribe			
			HOUSEHOLD GOODS INCLUDING A COUCH EVERYTHING ELSE BELONGS TO ROOMMATE		\$1,000.00
□N	<i>mples:</i> T i lo		nd radios; audio, video, stereo, and digital equipment; compuphones, cameras, media players, games ELECTRONICS INCLUDING TV, AND 2-CELL PHO		collections; electronic devices
Exa. ■ N	mples: A O No		figurines; paintings, prints, or other artwork; books, pictures, ons, memorabilia, collectibles	or other art objects; stamp, coir	n, or baseball card collections;
Exa ■ N	imples: S r lo	for sports ar Sports, photo musical instru scribe	graphic, exercise, and other hobby equipment; bicycles, pool	tables, golf clubs, skis; canoes	and kayaks; carpentry tools;
	<i>amples:</i> lo	Pistols, rifles	s, shotguns, ammunition, and related equipment		
			FIREARMS INCLUDING A RIFLE		\$300.00
□N	<i>amples:</i> lo	Everyday clo	othes, furs, leather coats, designer wear, shoes, accessories		
			CLOTHING		\$200.00
■ N	<i>amples:</i> lo	Everyday jev	welry, costume jewelry, engagement rings, wedding rings, he	irloom jewelry, watches, gems,	gold, silver
Ex. □ N	lo	animals Dogs, cats, I	pirds, horses		
			PETS INCLUDING A DOG - NO VALUE TO OTHER	RS	\$0.00
■ N	lo .	personal and	d household items you did not already list, including any	health aids you did not list	
15. A	dd the c	dollar value	of all of your entries from Part 3, including any entries fo	r pages you have attached	¢1 550 00

for Part 3. Write that number here

\$1,550.00

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Deb	tor 1	Travis Heath	Davids	on	C	Case number (if	f known)	
	-							
Part	4: Desc	ribe Your Financ	ial Asset	s				
Doy	you owr	or have any le	gal or e	quitable interest in a	ny of the following?		portion y Do not de	alue of the ou own? duct secured exemptions.
	<i>Example</i> ■ No			our wallet, in your hom	e, in a safe deposit box, and on hand w	hen you file yo	ur petition	
					nts; certificates of deposit; shares in cre vith the same institution, list each.	edit unions, brol	kerage houses, and oth	er similar
					Institution name:			
			17.1.	CHECKING	CHASE BANK JOINT WITH E	X WIFE		\$0.00
			17.2.	CHECKING	MUTUAL FEDERAL - PERSO	NAL		\$33.00
			17.3.	CHECKING & SAVINGS	MUTUAL BANK - BUSINESS DAVIDSON AUTO DEALS LL			\$8.89
19. N	Non-pub joint ve] No	nture	ck and	Institution or issuer na interests in incorpor about them	ated and unincorporated businesses	, including an % of ownership		rtnership, and
				•		% of ownership		
			DA	VIDSON AUTO SA	LES LLC	100	_ %	Unknown
	Negotia Non-neg ■ No	ble instruments i	nclude pents are mation a	personal checks, cashi those you cannot trans	able and non-negotiable instruments ers' checks, promissory notes, and mor sfer to someone by signing or delivering	ney orders.		
	<i>Example</i> ■ No	ent or pension a es: Interests in IF ist each account	RA, ERIS	SA, Keogh, 401(k), 403	3(b), thrift savings accounts, or other pe Institution name:	nsion or profit-	sharing plans	
	Your sha		l deposit	s you have made so the	nat you may continue service or use from		companies, or others	
					Institution name or individual:			
	No	•		, ,	to you, either for life or for a number of	years)		
L	Yes	ISS	uer nam	e and description.				

Official Form 106A/B Schedule A/B: Property page 3

0	Travis Healii Daviusuli			Se Hullibel (# khowii)	
24	Interests in an education IRA, in an ac 26 U.S.C. §§ 530(b)(1), 529A(b), and 529		gram, or under a qualif	fied state tuition prograi	n.
		nd description. Separately file the	e records of any interest	s.11 U.S.C. § 521(c):	
25	Trusts, equitable or future interests in ■ No	n property (other than anything	g listed in line 1), and r	ights or powers exercis	able for your benefit
	☐ Yes. Give specific information about t	hem			
26	Patents, copyrights, trademarks, trade Examples: Internet domain names, web ■ No				
	■ Yes. Give specific information about t	hem			
27	Licenses, franchises, and other general Examples: Building permits, exclusive li		holdings, liquor licenses	s, professional licenses	
	■ No □ Yes. Give specific information about t	hem			
M	oney or property owed to you?				Current value of the portion you own? Do not deduct secured
					claims or exemptions.
28	Tax refunds owed to you☐ No☐ Yes. Give specific information about the	nem, including whether you alrea	dy filed the returns and	the tax years	
	·	, ,	•	•	
		POSSIBLE 2019 TAX REI	-UND		\$358.11
		POSSIBLE 2019 EARNED	INCOME CREDIT		\$0.00
29	Family support Examples: Past due or lump sum alimon No ☐ Yes. Give specific information	ny, spousal support, child suppo	rt, maintenance, divorce	e settlement, property settl	ement
30	Other amounts someone owes you Examples: Unpaid wages, disability insubenefits; unpaid loans you m		fits, sick pay, vacation p	oay, workers' compensati	on, Social Security
	■ No □ Yes. Give specific information				
31	Interests in insurance policies Examples: Health, disability, or life insur	rance; health savings account (F	ISA); credit, homeowner	r's, or renter's insurance	
	■ No☐ Yes. Name the insurance company of	each policy and list its value.			
	Company		Beneficiary:		Surrender or refund value:
32	Any interest in property that is due you lif you are the beneficiary of a living trust someone has died.			rrently entitled to receive	property because
	■ No □ Yes. Give specific information				
	- 103. Give apecinic initinitiation				

Official Form 106A/B Schedule A/B: Property page 4

Debt	tor 1	Travis Heath Davidson		Case number (if known)	
_	Examp	against third parties, whether or not you have filed a law oles: Accidents, employment disputes, insurance claims, or rig		and for payment	
	No Lvoc	Describe each claim			
_	_	contingent and unliquidated claims of every nature, inclu	ding counterclaims	of the debtor and rights to set of	off claims
	No 1 Yes	Describe each claim			
_	_	ancial assets you did not already list			
	No 1 Yes	Give specific information			
_	1 103.	Give specific information			
36.		he dollar value of all of your entries from Part 4, including art 4. Write that number here			\$400.00
Part	5: De:	scribe Any Business-Related Property You Own or Have an Intere	est In. List any real esta	ate in Part 1.	
37. D	o you c	own or have any legal or equitable interest in any business-relate	ed property?		
	No. Go	to Part 6.			
	Yes. G	So to line 38.			
Part		scribe Any Farm- and Commercial Fishing-Related Property You ou own or have an interest in farmland, list it in Part 1.	Own or Have an Interes	st In.	
46. C	o you	own or have any legal or equitable interest in any farm-	or commercial fishir	ng-related property?	
		Go to Part 7.			
	☐ Yes.	. Go to line 47.			
Part	7:	Describe All Property You Own or Have an Interest in That You	Did Not List Above		
		n have other property of any kind you did not already list? bles: Season tickets, country club membership	,		
	No				
	Yes.	Give specific information			
E A	۸ ما ما د	he dellar value of all of value entries from Day 7. Write the	ot number bere		\$0.00
54.	Add t	he dollar value of all of your entries from Part 7. Write tha	at number nere		\$0.00
Part	8:	List the Totals of Each Part of this Form			
55.	Part 1	: Total real estate, line 2			\$0.00
56.	Part 2	2: Total vehicles, line 5	\$8,000.00	_	· ·
57.	Part 3	3: Total personal and household items, line 15	\$1,550.00		
58.	Part 4	l: Total financial assets, line 36	\$400.00		
59.	Part 5	i: Total business-related property, line 45	\$0.00		
60.		: Total farm- and fishing-related property, line 52	\$0.00		
61.	Part 7	7: Total other property not listed, line 54 +	\$0.00		
62.	Total	personal property. Add lines 56 through 61	\$9,950.00	Copy personal property total	\$9,950.00
63.	Total	of all property on Schedule A/B. Add line 55 + line 62			\$9,950.00

Official Form 106A/B Schedule A/B: Property page 5

Fill in this infor	mation to identify your	case:		
Debtor 1	Travis Heath Dav	idson		
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	NORTHERN DISTRICT	OF INDIANA	
Case number				
(if known)				☐ Check if this is an amended filing
Official Fo	orm 106C			
Schedul	le C: The Pro	operty You C	Claim as Exempt	4/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

	ELECTRONICS INCLUDING TV, AND	\$50.00		\$50.00	Ind. Code § 34-55-10-2(c)(2)		
	EVERYTHING ELSE BELONGS TO ROOMMATE Line from Schedule A/B: 6.1			100% of fair market value, up to any applicable statutory limit			
	HOUSEHOLD GOODS INCLUDING A COUCH	\$1,000.00	•	\$1,000.00	Ind. Code § 34-55-10-2(c)(2)		
	2010 FORD FLEX 88961 miles Line from <i>Schedule A/B</i> : 3.1	\$8,000.00		\$0.00 100% of fair market value, up to any applicable statutory limit	Ind. Code § 34-55-10-2(c)(2)		
	Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own Copy the value from Schedule A/B		ount of the exemption you claim	Specific laws that allow exemption		
2.	, , , , , ,		• •				
	☐ You are claiming federal exemptions. 11	U.S.C. § 522(b)(2)					
	■ You are claiming state and federal nonban	kruptcy exemptions.	11 U.S	S.C. § 522(b)(3)			
1.	1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.						

Line from Schedule A/B: 7.1 100% of fair market value, up to any applicable statutory limit	
FIREARMS INCLUDING A RIFLE Line from Schedule A/B: 10.1 \$300.00	Code § 34-55-10-2(c)(2)
100% of fair market value, up to any applicable statutory limit	
CLOTHING Line from Schedule A/B: 11.1 \$200.00	Code § 34-55-10-2(c)(2)
100% of fair market value, up to any applicable statutory limit	

Official Form 106C

Part 1: Identify the Property You Claim as Exempt

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De	ebtor 1 Travis Heath Davidson			Case number (if known)	
	Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own Copy the value from		ount of the exemption you claim	Specific laws that allow exemption
		Schedule A/B	One	only one box for each exemption.	
	PETS INCLUDING A DOG - NO VALUE TO OTHERS	\$0.00		\$0.00	Ind. Code § 34-55-10-2(c)(2)
	Line from Schedule A/B: 13.1			100% of fair market value, up to any applicable statutory limit	
	CHECKING: CHASE BANK JOINT WITH EX WIFE	\$0.00		\$0.00	Ind. Code § 34-55-10-2(c)(3)
	Line from Schedule A/B: 17.1			100% of fair market value, up to any applicable statutory limit	
	CHECKING: MUTUAL FEDERAL - PERSONAL	\$33.00		\$33.00	Ind. Code § 34-55-10-2(c)(3)
	Line from Schedule A/B: 17.2			100% of fair market value, up to any applicable statutory limit	
	CHECKING & SAVINGS: MUTUAL BANK - BUSINESS ACCOUNT	\$8.89		\$8.89	Ind. Code § 34-55-10-2(c)(3)
	DAVIDSON AUTO DEALS LLC Line from Schedule A/B: 17.3			100% of fair market value, up to any applicable statutory limit	
	DAVIDSON AUTO SALES LLC 100 % ownership	Unknown		\$0.00	Ind. Code § 34-55-10-2(c)(3)
	Line from Schedule A/B: 19.1			100% of fair market value, up to any applicable statutory limit	
	POSSIBLE 2019 TAX REFUND Line from Schedule A/B: 28.1	\$358.11		\$358.11	Ind. Code § 34-55-10-2(c)(3)
				100% of fair market value, up to any applicable statutory limit	
	POSSIBLE 2019 EARNED INCOME CREDIT	\$0.00		ALL	Ind. Code § 34-55-10-2(c)(11)
	Line from Schedule A/B: 28.2			100% of fair market value, up to any applicable statutory limit	
3.	Are you claiming a homestead exemption (Subject to adjustment on 4/01/22 and every 3			led on or after the date of adjustmen	t.)
	Yes. Did you acquire the property covere	ed by the exemption wi	thin 1	,215 days before you filed this case?	>
	□ No	,		, , , , , , , , , , , , , , , , , , , ,	
	☐ Yes				

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Fill in this information to identify yo	our case:				
Debtor 1 Travis Heath D	lavidson				
First Name		Name			
Debtor 2					
(Spouse if, filing) First Name	Middle Name Last	Name			
United States Bankruptcy Court for the	e: NORTHERN DISTRICT OF INDIAN	A			
Case number					
(if known)				_	if this is an
				ameno	ded filing
Official Form 106D					
Official Form 106D					
Schedule D: Creditor	s Who Have Claims Sec	cured	by Property	/	12/15
Be as complete and accurate as possible	. If two married people are filing together, bo	th are equ	ally responsible for su	pplying correct informa	tion. If more space
is needed, copy the Additional Page, fill in number (if known).	t out, number the entries, and attach it to this	s form. On	the top of any addition	al pages, write your na	me and case
, ,					
1. Do any creditors have claims secured					
☐ No. Check this box and submit	this form to the court with your other sche	dules. You	u have nothing else to	report on this form.	
Yes. Fill in all of the information	n below.				
Part 1: List All Secured Claims					
2. List all secured claims. If a creditor has	s more than one secured claim, list the creditor s	separately	Column A	Column B	Column C
for each claim. If more than one creditor ha	as a particular claim, list the other creditors in Pa		Amount of claim	Value of collateral	Unsecured
much as possible, list the claims in alphabe	etical order according to the creditor's name.		Do not deduct the value of collateral.	that supports this claim	portion If any
2.1 CHRYSLER CAPITAL	Describe the property that secures the cla	aim:	\$12,955.00	\$8,000.00	\$4,955.00
Creditor's Name	2010 FORD FLEX 88961 miles		· ,	· ,	
	As of the date you file the element of the	-11 414			
PO BOX 961275	As of the date you file, the claim is: Check apply.	ali that			
Fort Worth, TX 76161	☐ Contingent				
Number, Street, City, State & Zip Code	☐ Unliquidated				
	☐ Disputed				
Who owes the debt? Check one.	Nature of lien. Check all that apply.				
Debtor 1 only	An agreement you made (such as mortg	age or secu	ired		
Debtor 2 only	car loan)				
☐ Debtor 1 and Debtor 2 only	☐ Statutory lien (such as tax lien, mechanic	c's lien)			
At least one of the debtors and another	☐ Judgment lien from a lawsuit				
☐ Check if this claim relates to a	Other (including a right to offset) VEI	HICLE			
community debt					
Date debt was incurred 2016	Last 4 digits of account number				
2.2 XL Funding	Describe the property that secures the cla	aim:	\$35,000.00	Unknown	Unknown
Creditor's Name	DAVIDSON AUTO SALES LLC				
40222 N Maridan St Sta	100 % ownership				
10333 N Meridan St Ste 200	As of the date you file, the claim is: Check	all that			
Cutler, IN 46920	apply.				
Number, Street, City, State & Zip Code	☐ Contingent ☐ Unliquidated				
Number, direct, only, diale & 219 dode	☐ Disputed				
Who owes the debt? Check one.	Nature of lien. Check all that apply.				
■ Debtor 1 only	☐ An agreement you made (such as mortga	age or secu	ıred		
Debtor 2 only	car loan)	.g. 0. 000u			
Debtor 1 and Debtor 2 only	☐ Statutory lien (such as tax lien, mechanic	's lien)			
At least one of the debtors and another	☐ Judgment lien from a lawsuit	, s iieii)			
☐ Check if this claim relates to a		/OLVING	LINE OF CREDIT	•	
community debt	— Other (including a right to offset)				
Date debt was in second 2010	Lant A distinct of account of the col-				
Date debt was incurred 2019	Last 4 digits of account number				

Official Form 106D

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Debtor 1	Travis Heatl	n Davidson		Case number (if known)	
	First Name	Middle Name	Last Name		
Add the	dollar value of y	our entries in Column A on t	this page. Write that number here:	\$47,955.0)0
	the last page of	your form, add the dollar va	lue totals from all pages.	\$47,955.0	00

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

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	Case 1s	7-10023-1 e g	DOC 1 THEU O	3/13/19 Fage 19 01 0	10	
Fill in this infor	mation to identify your	case:				
Debtor 1	Travis Heath Dav	idean				
Debtor 1	First Name	Middle Name	Last Name			
Debtor 2						
(Spouse if, filing)	First Name	Middle Name	Last Name			
United States Ba	ankruptcy Court for the:	NORTHERN DIS	TRICT OF INDIANA			
Case number						
(if known)					☐ Check if the control of the co	his is an
					amended	filing
Official Forr	m 106F/F					
	E/F: Creditors W	ho Have Un	secured Claims			12/15
				Part 2 for creditors with NONPRIOR		
Schedule D: Credi left. Attach the Co name and case nu	tors Who Have Claims Sec ntinuation Page to this pag mber (if known).	ured by Property. If n ge. If you have no info	ore space is needed, copy	e any creditors with partially secured the Part you need, fill it out, numbe , do not file that Part. On the top of a	er the entries in th	ne boxes on the
	III of Your PRIORITY Un					
_ ′	ors have priority unsecure	d claims against you	?			
No. Go to I	Part 2.					
☐ Yes.						
Part 2: List A	III of Your NONPRIORIT	Y Unsecured Clair	ns			
3. Do any credit	ors have nonpriority unsec	cured claims against	you?			
☐ No. You ha	ave nothing to report in this p	art. Submit this form to	the court with your other scl	nedules.		
Yes.						
		-: : 4b b -b -4:				
unsecured cla	im, list the creditor separately	y for each claim. For ea	ach claim listed, identify what	no holds each claim. If a creditor has it type of claim it is. Do not list claims alion three nonpriority unsecured claims file.	Iready included in F	Part 1. If more
					Total cl	laim
4.1 ACCEF	PTANCE NOW	Last	digits of account number	•		\$4,965.00
	ty Creditor's Name		g		-	
	EADQUARTERS	Wher	was the debt incurred?	2016		
	TX 75024 Street City State Zip Code		the date you file, the claim	is: Check all that apply		
	urred the debt? Check one.	AS UI	the date you me, the claim	i is. Check all that apply		
■ Debto		Пс	ontingent			
☐ Debto	•		nliquidated			
_	r 1 and Debtor 2 only		sputed			
	st one of the debtors and an	_	of NONPRIORITY unsecure	ed claim:		
	k if this claim is for a com	Π α.	udent loans			
debt		-	oligations arising out of a sep	paration agreement or divorce that you	did not	
Is the cla	im subject to offset?	•	as priority claims	•		
■ No				ing plans, and other similar debts		
☐ Yes		■ O1	her. Specify FURNITUE	RE - NO LONGER HAS		

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Debto	or 1 Travis Heath Davidson	Case number (if known)	
4.2	ARDEN SHANK	Last 4 digits of account number	\$13,000.00
	Nonpriority Creditor's Name 10200 N MIAMI AVE	When was the debt incurred? 2016	
	Miami, FL 33150 Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	■ Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	☐ Yes	■ Other. Specify BROKEN LEASE	
4.3	CAPITAL ONE BANK	Last 4 digits of account number	\$491.00
	Nonpriority Creditor's Name 120 CORPORATE BLVD STE 100 Norfolk, VA 23502	When was the debt incurred? 2018	
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt	lacksquare Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	■ Other. Specify CREDIT CARD	
4.4	CHASE BANK Nonpriority Creditor's Name	Last 4 digits of account number	\$1,200.00
	401 S MAIN ST Goshen, IN 46526	When was the debt incurred? 2014	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	☐ Yes	■ Other. Specify BANK FEES	

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Debto	Travis Heath Davidson	Case number (if known)	
4.5	CHECK SMART	Last 4 digits of account number	\$700.00
	Nonpriority Creditor's Name 6785 BOBCAT WAY Dublin, OH 43016	When was the debt incurred? 2018	
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	■ Debtor 1 only	☐ Contingent	
	☐ Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	Dobligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	■ Other. Specify PAYDAY LOAN	
4.6	CHIPHONE CREDIT UNION	Last 4 digits of account number	\$34,289.00
	Nonpriority Creditor's Name 1655 W. BEARDSLEY AVE	When was the debt incurred? 2016	
	Elkhart, IN 46514 Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.	•	
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt	\square Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify REPOSSESSION	
4.7	DAVID KAY MD	Last 4 digits of account number	\$436.00
	Nonpriority Creditor's Name 529 S SECOND ST Elkhart, IN 46516	When was the debt incurred? 2016	
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	■ Debtor 1 only	☐ Contingent	
	☐ Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	Student loans	
	debt Is the claim subject to offset?	Obligations arising out of a separation agreement or divorce that you did not	
	No	report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify MEDICAL	

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Debto	Travis Heath Davidson	Case number (if known)	
4.8	DR JEFFREY P BOLDUAN INC	Last 4 digits of account number	\$2,916.00
	Nonpriority Creditor's Name 1615 WINSTED DR STE 4 Goshen, IN 46526	When was the debt incurred? 2016	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	■ Other. Specify MEDICAL	
4.9	ELKHART CLINIC	Last 4 digits of account number	\$217.00
	Nonpriority Creditor's Name 6324 TAYLOR DR Flint, MI 48507	When was the debt incurred? 2018	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	□ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	□ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	☐ Yes	■ Other. Specify MEDICAL	
4.1	ELKHART EMERGENCY		
0	PHYSICIANS Nonpriority Creditor's Name	Last 4 digits of account number	\$251.00
	529 S. 2ND STREET Elkhart, IN 46516	When was the debt incurred? 2013	
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	Debtor 1 only	☐ Contingent	
	☐ Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	No	□ Debts to pension or profit-sharing plans, and other similar debts	
	☐ Yes	■ Other. Specify MEDICAL	

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Debtor	1 Travis Heath Davidson	Case number (if known)	
4.1			
1	EMILY GARBER NP	Last 4 digits of account number	\$679.00
	Nonpriority Creditor's Name 529 S SECOND ST	When was the debt incurred? 2017	
	Elkhart, IN 46516 Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.	,	
	■ Debtor 1 only	☐ Contingent	
	Debtor 2 only	□ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	□ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt	☐ Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	■ No	\square Debts to pension or profit-sharing plans, and other similar debts	
	Yes	■ Other. Specify MEDICAL	
4.1	ERIE INSURANCE		\$900.00
2	Nonpriority Creditor's Name	Last 4 digits of account number	φ900.00
	100 ERIE INSURANCE PLACE Erie, PA 16530	When was the debt incurred? 2017	
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	■ Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt	Dobligations arising out of a separation agreement or divorce that you did not report as priority claims	
	Is the claim subject to offset?	□ Debts to pension or profit-sharing plans, and other similar debts	
	■ No		
	Yes	Other. Specify INSURANCE	
4.1	FARM BUREAU INSURANCE	Last 4 digits of account number	\$1,200.00
	Nonpriority Creditor's Name		
	PO BOX 1250	When was the debt incurred? 2015	
	Indianapolis, IN 46206 Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	■ Debtor 1 only	☐ Contingent	
	Debtor 2 only	□ Unliquidated	
	Debtor 1 and Debtor 2 only	□ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt	☐ Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	■ Other. Specify INSURANCE	

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Debto	Travis Heath Davidson	Case number (if known)	
4.1	FINGERHUT/WEBBANK	Last 4 digits of account number	\$112.00
4	Nonpriority Creditor's Name 6250 RIDGEWOOD RD Saint Cloud, MN 56303-0820	When was the debt incurred? 2015	VIII.00
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	Debtor 1 only	☐ Contingent	
	☐ Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community debt	☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	No	\square Debts to pension or profit-sharing plans, and other similar debts	
	Yes	■ Other. Specify CREDIT CARD	
4.1	FIRST PREMIER BANK	Last 4 digits of account number	\$605.00
	Nonpriority Creditor's Name 3820 N LOUISE AVE	When was the debt incurred? 2014	
	Sioux Falls, SD 57104 Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	Dobligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	\square Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify CREDIT CARD	
l.1	FIRST SOURCE BANK	Last 4 digits of account number	\$800.00
	Nonpriority Creditor's Name PO BOX 1602 South Bend, IN 46634	When was the debt incurred? 2018	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community debt	☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	□Yes	Other Specify BANK FEES	

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Travis Heath Davidson	Case number (if known)	
GEICO	Local Auditation of account assembles	\$387.00
Nonpriority Creditor's Name ONE GEICO PLAZA Bethesda, MD 20810	Last 4 digits of account number When was the debt incurred? 2016	\$307.00
Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
Debtor 1 only	☐ Contingent	
☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only	☐ Unliquidated ☐ Disputed	
☐ At least one of the debtors and another☐ Check if this claim is for a community debt Is the claim subject to offset? ■ No	Type of NONPRIORITY unsecured claim: ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts	
☐ Yes	Other. Specify INSURANCE	
GM FINANCIAL	Last 4 digits of account number	\$6,267.00
Nonpriority Creditor's Name PO BOX 181145 Arlington, TX 76096 Number Street City State Zip Code	When was the debt incurred? 2016 As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one. Debtor 1 only	☐ Contingent	
☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only	☐ Unliquidated ☐ Disputed	
☐ At least one of the debtors and another ☐ Check if this claim is for a community debt Is the claim subject to offset?	Type of NONPRIORITY unsecured claim: ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
■ No □ Yes	☐ Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify REPOSSESSION	
GOSHEN HOME MEDICAL	Last 4 digits of account number	\$119.00
Nonpriority Creditor's Name 1501 S MAIN ST Goshen, IN 46526-4719	When was the debt incurred? 2017	
Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
Debtor 1 only	☐ Contingent	
☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only	☐ Unliquidated ☐ Disputed	
☐ At least one of the debtors and another ☐ Check if this claim is for a community debt Is the claim subject to offset?	Type of NONPRIORITY unsecured claim: ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
☐ Yes	Other Specify MEDICAL	

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otor 1 Travis Heath Davidson	Case number (if known)	
GOSHEN HOSPITAL	Look deligites of account wombon	\$616.00
Nonpriority Creditor's Name	Last 4 digits of account number	ψ010.00
PO BOX 139	When was the debt incurred? 2018	
Goshen, IN 46527-0139		
Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.		
Debtor 1 only	☐ Contingent	
Debtor 2 only	☐ Unliquidated	
Debtor 1 and Debtor 2 only	☐ Disputed	
\square At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	☐ Student loans	
debt	Obligations arising out of a separation agreement or divorce that you did not	
Is the claim subject to offset?	report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts	
■ No		
☐ Yes	Other. Specify MEDICAL	
GOSHEN HOSPITAL	Last 4 digits of account number	\$3,661.00
Nonpriority Creditor's Name		40,001100
1232 W STAR ROAD 2 La Porte, IN 46350	When was the debt incurred? 2018	
Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.		
Debtor 1 only	☐ Contingent	
Debtor 2 only	☐ Unliquidated	
☐ Debtor 1 and Debtor 2 only	□ Disputed	
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	☐ Student loans	
debt	☐ Obligations arising out of a separation agreement or divorce that you did not	
Is the claim subject to offset?	report as priority claims	
No	\square Debts to pension or profit-sharing plans, and other similar debts	
☐ Yes	■ Other. Specify MEDICAL	
GOSHEN PEDIATRICS	Last 4 digits of account number	\$1,728.00
Nonpriority Creditor's Name DR ADWOA & DR K ANIM	When was the debt incurred? 2014	
529 S SECOND ST		
Elkhart, IN 46516	_	
Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.		
Debtor 1 only	☐ Contingent	
☐ Debtor 2 only	☐ Unliquidated	
☐ Debtor 1 and Debtor 2 only	☐ Disputed	
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	☐ Student loans	
debt	Obligations arising out of a separation agreement or divorce that you did not	
Is the claim subject to offset?	report as priority claims	
No	☐ Debts to pension or profit-sharing plans, and other similar debts	
Yes	Other. Specify MEDICAL	

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1 Travis Heath Davidson	Case number (if known)	
GOSHEN WATER & SEWER		\$376.0
Nonpriority Creditor's Name	Last 4 digits of account number	φ310.0
PO BOX 238	When was the debt incurred? 2017	
Goshen, IN 46527-0238 Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.	As of the date you me, the claim is. Oneck an that apply	
■ Debtor 1 only	☐ Contingent	
Debtor 2 only	☐ Unliquidated	
Debtor 1 and Debtor 2 only	Disputed	
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	☐ Student loans	
debt	☐ Obligations arising out of a separation agreement or divorce that you did not	
Is the claim subject to offset?	report as priority claims	
No	Debts to pension or profit-sharing plans, and other similar debts	
Yes	Other. Specify UTILITY	
JASON MOSHIER	Last 4 digits of account number	\$121.0
Nonpriority Creditor's Name		
529 S SECOND ST	When was the debt incurred? 2014	
Elkhart, IN 46516 Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.	no or the date year me, the date her excellent an anatoppy	
■ Debtor 1 only	☐ Contingent	
Debtor 2 only	☐ Unliquidated	
☐ Debtor 1 and Debtor 2 only	☐ Disputed	
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	☐ Student loans	
debt	☐ Obligations arising out of a separation agreement or divorce that you did not	
Is the claim subject to offset?	report as priority claims	
■ No	Debts to pension or profit-sharing plans, and other similar debts	
Yes	Other. Specify MEDICAL	
JODY NEER	Last 4 digits of account number	\$632.0
Nonpriority Creditor's Name		
529 S SECOND Elkhart, IN 46516	When was the debt incurred? 2017	
Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.		
■ Debtor 1 only	☐ Contingent	
☐ Debtor 2 only	☐ Unliquidated	
☐ Debtor 1 and Debtor 2 only	☐ Disputed	
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	☐ Student loans	
debt	Obligations arising out of a separation agreement or divorce that you did not	
Is the claim subject to offset?	report as priority claims	
■ No	Debts to pension or profit-sharing plans, and other similar debts	
Yes	Other. Specify MEDICAL	

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Travis Heath Davidson	Case number (if known)	
MILESTONE/BANKCARD SERVICES	Last 4 digits of account number	\$450.0
Nonpriority Creditor's Name		* 100010
PO BOX 4477	When was the debt incurred? 2016	
Beaverton, OR 97076 Number Street City State Zip Code	As of the date you file the claim is Cheek all that apply	
Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
■ Debtor 1 only	Полож	
_	☐ Contingent	
Debtor 2 only	☐ Unliquidated	
Debtor 1 and Debtor 2 only	☐ Disputed Type of NONPRIORITY unsecured claim:	
At least one of the debtors and another	Student loans	
☐ Check if this claim is for a community debt		
ls the claim subject to offset?	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
No	\square Debts to pension or profit-sharing plans, and other similar debts	
Yes	■ Other. Specify CREDIT CARD	
NAVY FEDERAL CREDIT UNION	Last 4 digits of account number	\$500.00
Nonpriority Creditor's Name		Ψοσοισο
PO BOX 3000 Merrifield, VA 22119	When was the debt incurred? 2018	
Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.		
Debtor 1 only	☐ Contingent	
☐ Debtor 2 only	☐ Unliquidated	
Debtor 1 and Debtor 2 only	☐ Disputed	
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	☐ Student loans	
debt s the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
■ No	Debts to pension or profit-sharing plans, and other similar debts	
□ Yes	■ Other. Specify BANK FEES	
NEW PARIS TELEPHONE	Last 4 digits of account number	\$304.00
Nonpriority Creditor's Name PO BOX 584 Goshen, IN 46526	When was the debt incurred? 2013	
Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.		
Debtor 1 only	☐ Contingent	
Debtor 2 only	☐ Unliquidated	
Debtor 1 and Debtor 2 only	□ Disputed	
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	☐ Student loans	
debt	☐ Obligations arising out of a separation agreement or divorce that you did not	
s the claim subject to offset?	report as priority claims	
■ No	\square Debts to pension or profit-sharing plans, and other similar debts	
☐ Yes	Other Specify UTILITY	

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1 Travis Heath Davidson	Case number (if known)	
NIPSCO	Last 4 digits of account number	\$1,244.00
Nonpriority Creditor's Name PO BOX 13010 Merrillville, IN 46411-3013	When was the debt incurred? 2017	V 1, 2 10
Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
■ Debtor 1 only	☐ Contingent	
☐ Debtor 2 only	☐ Unliquidated	
Debtor 1 and Debtor 2 only	☐ Disputed	
\square At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	☐ Student loans	
debt Is the claim subject to offset?	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
No	\square Debts to pension or profit-sharing plans, and other similar debts	
Yes	Other. Specify UTILITY	
PROGRESSIVE INSURANCE	Last 4 digits of account number	\$539.0
Nonpriority Creditor's Name PO BOX 55848	When was the debt incurred? 2018	<u> </u>
Sherman Oaks, CA 91413 Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.	As of the date you me, the damnis. Once an that apply	
■ Debtor 1 only	☐ Contingent	
Debtor 2 only	□ Unliquidated	
☐ Debtor 1 and Debtor 2 only	□ Disputed	
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	☐ Student loans	
debt s the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
☐ Yes	■ Other Specify INSURANCE	
RADIOLOGY INC	Last 4 digits of account number	\$77.0
Nonpriority Creditor's Name		4.1.10
PO BOX 1258 South Bend, IN 46624-1258	When was the debt incurred? 2017	
Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
Debtor 1 only	☐ Contingent	
Debtor 2 only	☐ Unliquidated	
Debtor 1 and Debtor 2 only	☐ Disputed	
At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
Check if this claim is for a community	Student loans	
debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
No	☐ Debts to pension or profit-sharing plans, and other similar debts	
☐ Yes	Other Specify MEDIAL	

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Travis Heath Davidson	Case number (if known)	
REGIONAL ACCEPTANCE	Last 4 digits of account number	\$10,858.00
Nonpriority Creditor's Name 5425 ROBIA ROAD STE 1D	When was the debt incurred? 2017	
Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.		
Debtor 1 only	☐ Contingent	
Debtor 2 only	☐ Unliquidated	
☐ Debtor 1 and Debtor 2 only	☐ Disputed	
\square At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
Check if this claim is for a community	☐ Student loans	
debt Is the claim subject to offset?	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
■ No	\square Debts to pension or profit-sharing plans, and other similar debts	
Yes	■ Other. Specify REPOSSESSION	
SPRINT	Last 4 digits of account number	\$6,018.00
Nonpriority Creditor's Name		. ,
PO BOX 551268 Jacksonville, FL 32255	When was the debt incurred? 2018	
Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.		
■ Debtor 1 only	☐ Contingent	
☐ Debtor 2 only	☐ Unliquidated	
☐ Debtor 1 and Debtor 2 only	☐ Disputed	
\square At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	☐ Student loans	
debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
■ No □ Yes	■ Other. Specify CELL PHONE	
— 165	Other. Specify Occurrence	
THOMAS TOKAR	Last 4 digits of account number	\$1,206.0
Nonpriority Creditor's Name 1720 BRISTOL ST Elkhart, IN 46514	When was the debt incurred? 2018	
Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.		
Debtor 1 only	☐ Contingent	
☐ Debtor 2 only	☐ Unliquidated	
☐ Debtor 1 and Debtor 2 only	☐ Disputed	
\square At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
Check if this claim is for a community	☐ Student loans	
debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
□ Yes	■ Other Specify LEGAL FEES	
— 100	— Oner Specify ——————	

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1 Travis Heath Davidson	Case number (if known)	
VARHAN KRAL MD	Last 4 digits of account number	\$133.00
Nonpriority Creditor's Name 529 S SECOND ST Elkhart. IN 46516	When was the debt incurred? 2017	*******
Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
Debtor 1 only	☐ Contingent	
☐ Debtor 2 only	☐ Unliquidated	
☐ Debtor 1 and Debtor 2 only	☐ Disputed	
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	☐ Student loans	
debt Is the claim subject to offset?	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
■ No	\square Debts to pension or profit-sharing plans, and other similar debts	
Yes	■ Other. Specify MEDICAL	
VERIZON	Last 4 digits of account number	\$3,476.00
Nonpriority Creditor's Name PO BOX 25505	When was the debt incurred? 2016	·
Lehigh Valley, PA 18002 Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
■ Debtor 1 only	☐ Contingent	
Debtor 2 only	☐ Unliquidated	
Debtor 1 and Debtor 2 only	☐ Disputed	
At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	☐ Student loans	
debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
Yes	■ Other. Specify CELL PHONE	
XFINITY	Last 4 digits of account number	\$2,000.00
Nonpriority Creditor's Name 1701 JOHN F KENNEDY BLVD	When was the debt incurred? 2017	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Philadelphia, PA 19103 Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
■ Debtor 1 only	☐ Contingent	
Debtor 2 only	☐ Unliquidated	
☐ Debtor 1 and Debtor 2 only	☐ Disputed	
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	☐ Student loans	
debt	☐ Obligations arising out of a separation agreement or divorce that you did not	
Is the claim subject to offset?	report as priority claims	
■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
Yes	Other Specify UTILITY	

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Debtor	1 Travis He	eath Davidson		Case no	umber (if known)				
		UTO GROUP	Last 4 digits of account numbe	er		\$125,000.00			
	Nonpriority Cre 4201 STAD Kalamazoo	IUM DR	When was the debt incurred?	2019					
-	Number Street	City State Zip Code the debt? Check one.	As of the date you file, the clair	n is: Check	call that apply				
	■ Debtor 1 on	nlv	☐ Contingent						
	Debtor 2 on	•	☐ Unliquidated						
		nd Debtor 2 only	☐ Disputed						
		e of the debtors and another	Type of NONPRIORITY unsecu	red claim:					
		is claim is for a community	☐ Student loans						
	debt	•		☐ Obligations arising out of a separation agreement or divorce that you did not					
		ubject to offset?	report as priority claims Debts to pension or profit-sha	-i1					
	■ No				and other similar debts				
	☐ Yes		Other. Specify CONTRA	G1					
Part 3:	List Other	s to Be Notified About a De	ebt That You Already Listed						
is tryin have n	ng to collect from	om you for a debt you owe to s	about your bankruptcy, for a debt tha omeone else, list the original creditor at you listed in Parts 1 or 2, list the ad or submit this page.	in Parts 1	or 2, then list the collection	agency here. Similarly, if you			
	nd Address	UTSOURCING	On which entry in Part 1 or Part 2 did yo		•	one d Ole ince			
	V 39TH STR				Creditors with Priority Unsecu Creditors with Nonpriority Uns				
Rento	n, WA 9805	7	Last 4 digits of account number	- Pait 2.	Creditors with Nonphonty Ons	secureu Ciairris			
	nd Address	TION 0551/105	On which entry in Part 1 or Part 2 did yo		•				
	T COLLEC	TION SERVICE	Line 4.17 of (Check one):						
	od, MA 020		Last 4 digits of account number	■ Part 2:	Creditors with Nonpriority Uns	secured Claims			
	nd Address	MILLER	On which entry in Part 1 or Part 2 did you Line 4.8 of (<i>Check one</i>):		original creditor? Creditors with Priority Unsecu	urad Claima			
110 S.	MAIN STRE				Creditors with Nonpriority Uns				
Goshe	n, IN 46526		Last 4 digits of account number						
Name an	nd Address		On which entry in Part 1 or Part 2 did yo	ou liet the c	ariginal craditor?				
	NAL RECO	VERY			Creditors with Priority Unsecu	red Claims			
_	ATIONS		Part 2: Creditors with Nonpriority Unsecured Claims						
	X 26055 apolis, MN :	55426							
	apono, mit	00-120	Last 4 digits of account number						
	nd Address		On which entry in Part 1 or Part 2 did ye	ou list the c	original creditor?				
	RGENT CAF X 1269	PITAL SERVICES	Line <u>4.14</u> of (<i>Check one</i>):		Creditors with Priority Unsecu				
	ville, SC 29	602		Part 2:	Creditors with Nonpriority Uns	secured Claims			
			Last 4 digits of account number						
Part 4:	Add the A	mounts for Each Type of U	nsecured Claim						
6. Total t		certain types of unsecured cla	ims. This information is for statistica	l reporting	purposes only. 28 U.S.C. §	159. Add the amounts for each			
					Total Claim				
	6a.	Domestic support obligation	s	6a.	\$	0.00			
	otal iims								
from Pa	art 1 6b.			6b.	\$	0.00			
	6c. 6d.		injury while you were intoxicated secured claims. Write that amount here.	6c. 6d.	\$ s	0.00 0.00			
	Ju.	out all other priority un	5555.54 oldimo. Willo tilat amount field.	Ju.	Ψ	U.UU			

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Debtor 1 Travis Heath Davidson

Case number (if known)						
6e.	\$	0.00				

	6e.	Total Priority. Add lines 6a through 6d.	6e.	\$ 0.00
	6f.	Student loans	6f.	\$ Total Claim 0.00
Total claims from Part 2	6g. 6h.	you did not report as priority claims	6g. 6h.	\$ 0.00
	6i.	Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$ 228,473.00
	6j.	Total Nonpriority. Add lines 6f through 6i.	6j.	\$ 228,473.00

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Fill in this infor	mation to identify your	case:		
Debtor 1	Travis Heath Dav			
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	NORTHERN DISTRICT	OF INDIANA	
Case number				
(if known)				☐ Check if this is an
				amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person or	company with Name, Number	whom you have th , Street, City, State and ZIF	e contract or lease	State what the contract or lease is for
2.1					
	Name				
	Number	Street			
	City		State	ZIP Code	_
2.2					
	Name				
	Number	Street			_
	City		State	ZIP Code	<u> </u>
2.3					
	Name				
	Number	Street			_
	City		State	ZIP Code	_
2.4					
	Name				
	Number	Street			_
	City		State	ZIP Code	<u> </u>
2.5					
	Name				_
	Number	Street			
	City		State	ZIP Code	_

Official Form 106G

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				5 5 · 5. g 5 · 5	
Fill in this	information to identify ye	our case:			
Debtor 1	Travis Heath [Davidson			
	First Name	Middle Name	Last Name		
Debtor 2 (Spouse if, filin	ng) First Name	Middle Name	Last Name		
United Stat	tes Bankruptcy Court for th	e: NORTHERN DISTRICT	OF INDIANA		
Case numb	per				
(if known)					☐ Check if this is an
					amended filing
Official	Form 106H				
	ule H: Your Co	ndehtors			12/15
<u> </u>	die II. Toul of	Duebloi 3			12/13
•	•	wn). Answer every question (If you are filing a joint case,		e as a codebtor.	
■ No □ Yes					
		you lived in a community pr ana, Nevada, New Mexico, Pu			ty states and territories include
				3 ,	,
	Go to line 3.		with you at the time?		
⊔ Yes	. Dia your spouse, former s	spouse, or legal equivalent live	e with you at the time?		
in line Form 1	2 again as a codebtor or	nly if that person is a guaran	tor or cosigner. Make	sure you have listed	ng with you. List the person shown the creditor on Schedule D (Official , Schedule E/F, or Schedule G to fill
	Column 1: Your codebtor Name, Number, Street, City, State a	nd ZIP Code		Column 2: The cr Check all schedu	editor to whom you owe the debt les that apply:
2.4					
[3.1]	Name			⊔ Schedule D, lii □ Schedule E/F,	·
				☐ Schedule G, li	· · · · · · · · · · · · · · · · · · ·
1	Number Street				
	City	State	ZIP Code		
3.2				☐ Schedule D, lii	ne
	Name				line
				☐ Schedule G, li	
1	Number Street				
(City	State	ZIP Code		

Fill	in this information to identify your	case:								
Del	otor 1 Travis Heat	h Davidson			_					
	btor 2 buse, if filing)				_					
Uni	ited States Bankruptcy Court for the	e: NORTHERN DISTRIC	CT OF INDIANA		_					
Case number (If known)						Check if this is: An amended filing A supplement showing postpetition chapter 13 income as of the following date:				
0	fficial Form 106I					N	/M / DD/ `	YYYY		
S	chedule I: Your Inc	ome								12/1
sup spo atta	as complete and accurate as pos plying correct information. If you use. If you are separated and yo ch a separate sheet to this form.	are married and not filir ur spouse is not filing wi On the top of any addition	ng jointly, and your th you, do not inclu	spouse i ide inforr	s liv nati	ing with on abou	you, incl t your sp	ude inforn ouse. If mo	nation about ore space is	t your needed,
1.	Fill in your employment									
	information.		Debtor 1	Debtor 1			Debtor 2 or non-filing spouse			
	If you have more than one job, attach a separate page with information about additional	Employment status	■ Employed□ Not employed				☐ Employed ☐ Not employed			
	employers.	Occupation	SELF EMPLOY	ED						
	Include part-time, seasonal, or self-employed work.	Employer's name	Employer's name DAVIDSON AUTO DEALS			LC				
	Occupation may include student or homemaker, if it applies.	Employer's address	600 S HUNTING Syracuse, IN 46							
		How long employed th	nere? <u>1 1/2 N</u>	IONTHS			_			
Pai	Give Details About Mo	nthly Income								
	mate monthly income as of the cuse unless you are separated.	date you file this form. If y	you have nothing to ı	report for	any	line, write	e \$0 in the	space. Inc	clude your no	n-filing
,	ou or your non-filing spouse have me space, attach a separate sheet to	. , ,	ombine the information	on for all e	mple	oyers for	that perso	on on the li	nes below. If	you need
						For Del	btor 1		otor 2 or ng spouse	
2.	List monthly gross wages, sala deductions). If not paid monthly,			2.	\$		0.00	\$	N/A	-
3.	Estimate and list monthly over	time pay.		3.	+\$		0.00	+\$	N/A	-
4.	Calculate gross Income. Add I	ine 2 + line 3.		4.	\$		0.00	\$	N/A	

Debt	tor 1	Travis Heath Davidson	-	С	ase number (if I	known)				
					For Debtor 1			Debtor		
	Cop	y line 4 here	4.	-	\$	0.00	\$		N/A	_
5.	List	all payroll deductions:								
	5a.	Tax, Medicare, and Social Security deductions	5a.	. :	\$	0.00	\$		N/A	<u>. </u>
	5b.	Mandatory contributions for retirement plans	5b.	. :	\$	0.00	\$		N/A	
	5c.	Voluntary contributions for retirement plans	5c.	. :	\$	0.00	\$		N/A	-
	5d.	Required repayments of retirement fund loans	5d.	. :	\$	0.00	\$		N/A	
	5e.	Insurance	5e.	. :	\$	0.00	\$		N/A	
	5f.	Domestic support obligations	5f.		\$	0.00	\$		N/A	
	5g.	Union dues	5g.	. :	\$	0.00	\$		N/A	
	5h.	Other deductions. Specify:	_ 5h.	.+ :	\$	0.00	+ \$		N/A	<u> </u>
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	9	\$	0.00	\$		N/A	<u>. </u>
7.	Cald	culate total monthly take-home pay. Subtract line 6 from line 4.	7.	9	\$	0.00	\$		N/A	<u></u>
8.	List 8a.	all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total	90		¢.	0.00	¢		N/A	
	8b.	monthly net income. Interest and dividends	8a. 8b.			0.00	\$ \$		N/A	
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.			*	0.00	\$_ \$		N/A N/A	_
	8d.	Unemployment compensation	8d.			0.00	\$_		N/A	
	8e.	Social Security	8e.		·	0.00	\$_		N/A	_
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8f.	:	\$	0.00	\$		N/A	_
	8g.	Pension or retirement income	8g.			0.00	\$_		N/A	_
	8h.	Other monthly income. Specify: ESTIMATED MONTHLY INCOME	_ 8h.	.+ :	\$1,82	6.00	+ \$_		N/A	_
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	1,82	6.00	\$_		N/A	A
10	Cald	culate monthly income. Add line 7 + line 9.	10.	\$	1,826.00	+ s		N/A	= \$	1,826.00
10.		the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.		Ψ_	1,020.00			11//		1,020.00
11.	Inclu othe	e all other regular contributions to the expenses that you list in Schedule and contributions from an unmarried partner, members of your household, your or friends or relatives. Not include any amounts already included in lines 2-10 or amounts that are not accify:	depe		, ,		,		e J. +\$	0.00
12.		the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certaines						12.	\$	1,826.00
13.	Do	ou expect an increase or decrease within the year after you file this form	?						Combi month	ned ly income
		No.								
	П	Yes Explain:								

Official Form 106l Schedule I: Your Income page 2

Fill	in this informa	tion to identify yo	ur case:			İ		
	otor 1	Travis Heath		on			ck if this is:	
	otor 2 ouse, if filing)						An amended filing A supplement show 13 expenses as of	wing postpetition chapter the following date:
Unit	ted States Bankr	ruptcy Court for the:	NORTH	IERN DISTRICT OF INDI	ANA		MM / DD / YYYY	
	se number							
0	fficial Fo	rm 106J				1		
		J: Your I						12/1
info	ormation. If m		eded, atta	. If two married people a ch another sheet to this n.				
Par		ibe Your House	hold					
1.	Is this a joir							
		ilne ∠. s Debtor 2 live i	n a separ	ate household?				
	□ N □ Y	-	t file Offici	al Form 106J-2, <i>Expense</i>	s for Separate House	ehold of Deb	otor 2.	
2.	Do you have	e dependents?	□ No					
	Do not list Debtor 2.	ebtor 1 and	■ Yes.	Fill out this information for each dependent	Dependent's relat Debtor 1 or Debto		Dependent's age	Does dependent live with you?
	Do not state dependents				DAUGHTER		15	□ No ■ Yes □ No □ Yes □ No □ Yes □ No □ Yes □ No
3.	expenses of	penses include f people other th d your depender	han 👝	No Yes				☐ Yes
Est	timate your ex	ate Your Ongoir openses as of your open date after the b	our bankrı	uptcy filing date unless	you are using this for plemental Schedule	orm as a su e <i>J</i> , check th	ipplement in a Cha ne box at the top o	apter 13 case to report of the form and fill in the
the		n assistance and		government assistance luded it on <i>Schedule I:</i>			Your exp	enses
4.		or home ownersland any rent for the		ses for your residence. r lot.	Include first mortgag	e 4. S	.	200.00
	If not includ	led in line 4:						
	4a. Real e	estate taxes				4a. S	8	0.00
	4b. Prope	rty, homeowner's				4b. \$	5	0.00
				ipkeep expenses		4c. 9		0.00
5.		owner's associati nortgage payme		oominium dues our residence, such as ho	ome equity loans	4d. \$ 5. \$		0.00 0.00

Debtor 1	Travis Heath Davidson Co	Case numl	ber (if known)	
6. Utilitie	s:			
	Electricity, heat, natural gas	6a.	\$	200.00
	Water, sewer, garbage collection	6b.	\$	0.00
6c.	Telephone, cell phone, Internet, satellite, and cable services	6c.	\$	0.00
6d.	Other. Specify:	6d.	\$	0.00
. Food a	and housekeeping supplies		\$	640.00
Childo	are and children's education costs	8.	\$	0.00
Clothi	ng, laundry, and dry cleaning	9.	\$	142.00
). Persoi	nal care products and services	10.	\$	69.00
1. Medica	al and dental expenses	11.	\$	50.00
2. Trans	portation. Include gas, maintenance, bus or train fare.		_	200.00
	include car payments.	12.	·	300.00
	ainment, clubs, recreation, newspapers, magazines, and books	13.	·	100.00
1. Charit	able contributions and religious donations	14.	\$	0.00
5. Insura				
	include insurance deducted from your pay or included in lines 4 or 20.	45-	Φ.	0.00
	Life insurance	15a.		0.00
	Health insurance	15b.	·	0.00
	Vehicle insurance	15c.	·	0.00
	Other insurance. Specify:	15d.	\$	0.00
	Do not include taxes deducted from your pay or included in lines 4 or 20.	40	Φ.	0.00
Specify		16.	\$	0.00
	ment or lease payments:	170	œ.	0.00
	Car payments for Vehicle 1	17a.	·	0.00
	Car payments for Vehicle 2	17b.	·	0.00
	Other. Specify:	17c.	·	0.00
	Other. Specify:	17d.	\$	0.00
	payments of alimony, maintenance, and support that you did not report as ted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18.	\$	0.00
	payments you make to support others who do not live with you.		\$	0.00
Specify		19.	Ψ	0.00
	real property expenses not included in lines 4 or 5 of this form or on <i>Schedu</i>	_	ur Income	
	Mortgages on other property	20a.		0.00
	Real estate taxes	20b.	·	0.00
	Property, homeowner's, or renter's insurance	20c.		0.00
	Maintenance, repair, and upkeep expenses	20d.	·	0.00
	Homeowner's association or condominium dues	20e.	*	0.00
. Other:		21.	·	25.00
	CARE/SUPPLIES		+\$	100.00
	R PRODUCTS/CLEANING SUPPLIES	_	+\$	25.00
PAPE	R PRODUCTS/CLEANING SUPPLIES	_	-Ψ	25.00
2. Calcul	ate your monthly expenses			
	dd lines 4 through 21.		\$	1,851.00
22b. C	opy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2		\$	
22c. A	dd line 22a and 22b. The result is your monthly expenses.		\$	1,851.00
	• • • •			,
	ate your monthly net income.	00	Φ.	4 000 00
	Copy line 12 (your combined monthly income) from Schedule I.	23a.	·	1,826.00
23b. (Copy your monthly expenses from line 22c above.	23b.	-\$	1,851.00
	Subtract your monthly expenses from your monthly income.	23c.	\$	-25.00
	The result is your monthly net income.	200.	T	20.00
	u expect an increase or decrease in your expenses within the year after you			
For exa	mple, do you expect to finish paying for your car loan within the year or do you expect your mation to the terms of your mortgage?	nortgage p	payment to increase of	or decrease because of a
For exa	ation to the terms of your mortgage?	nortgage p	payment to increase of	or decrease because of a

Fill in this	s information to identify your	case:			
Debtor 1	Travis Heath Dav	idson			
	First Name	Middle Name	Last Name		
Debtor 2					
(Spouse if, fili	ing) First Name	Middle Name	Last Name		
United Sta	ates Bankruptcy Court for the:	NORTHERN DISTRIC	CT OF INDIANA		
Case num	nber				
(if known)					☐ Check if this is an
					amended filing
<u>Official</u>	Form 106Dec				
Decla	aration About a	n Individua	I Debtor's Sc	hedules	12/15
If two mar	ried people are filing togethe	r, both are equally resp	onsible for supplying corr	ect information.	
You must	file this form whenever you fi	le bankruptcy schedul	es or amended schedules.	Making a false statemen	t, concealing property, or
	money or property by fraud in		nkruptcy case can result in	n fines up to \$250,000, or	imprisonment for up to 20
years, or t	ooth. 18 U.S.C. §§ 152, 1341, 1	1519, and 3571.			
	_				
	Sign Below				
Did y	ou pay or agree to pay some	one who is NOT an atte	orney to help you fill out b	ankruptcy forms?	
	No				
П	Yes. Name of person			Attach Bankrupto	cy Petition Preparer's Notice.
_					Signature (Official Form 119)
	r penalty of perjury, I declare hey are true and correct.	that I have read the su	mmary and schedules filed	d with this declaration an	d
macc	ney are true and correct.				
_	s/ Travis Heath Davidson		X		
	ravis Heath Davidson		Signature of I	Debtor 2	
S	Signature of Debtor 1				
D	Date May 8, 2019		Date		

Debto	Travio modeli Bavio		LastName	
Debto	First Name	Middle Name	Last Name	
	e if, filing) First Name	Middle Name	Last Name	
Unite	d States Bankruptcy Court for the:	NORTHERN DISTRICT OF IN	IDIANA	
Case	number			
,ii kiiow				Check if this is an amended filing
Stat Be as nform	complete and accurate as possible	e. If two married people are fitach a separate sheet to this	als Filing for Bankruptcy ling together, both are equally respons form. On the top of any additional pag	sible for supplying correct
			ed Before	
Part 1	Give Details About Your Marit	ai Status and Where Tou Liv		
	Give Details About Your Marit //hat is your current marital status?			
	/hat is your current marital status?			
. v	/hat is your current marital status?	•		
. v	/hat is your current marital status? Married Not married uring the last 3 years, have you liv	ed anywhere other than whe	re you live now?	
i. W	/hat is your current marital status? Married Not married uring the last 3 years, have you liv	ed anywhere other than whe	re you live now?	Dates Debtor 2 lived there
2. D	/hat is your current marital status? Married Not married uring the last 3 years, have you liv No Yes. List all of the places you live	ed anywhere other than whe d in the last 3 years. Do not inc	re you live now? Slude where you live now.	
II. W	/hat is your current marital status? Married Not married uring the last 3 years, have you live No Yes. List all of the places you live Debtor 1 Prior Address:	ed anywhere other than whe d in the last 3 years. Do not inc Dates Debtor 1 lived there From-To:	re you live now? clude where you live now. Debtor 2 Prior Address:	lived there ☐ Same as Debtor 1

Case number (if known)

Pá	art 2 Explain the Sources of You	ır Income			
4.	Did you have any income from ere Fill in the total amount of income you figure are filing a joint case and you	ou received from all jobs and a	all businesses, including part-	time activities.	ndar years?
	□ No■ Yes. Fill in the details.				
		Dobtos 1		Dobtov 2	
		Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
	om January 1 of current year until e date you filed for bankruptcy:	■ Wages, commissions, bonuses, tips	\$1,684.24	☐ Wages, commissions, bonuses, tips	
		☐ Operating a business		☐ Operating a business	
		☐ Wages, commissions, bonuses, tips	\$-328.95	☐ Wages, commissions, bonuses, tips	
		Operating a business		☐ Operating a business	
	or last calendar year: anuary 1 to December 31, 2018)	■ Wages, commissions, bonuses, tips	\$84,792.00	☐ Wages, commissions, bonuses, tips	
		☐ Operating a business		☐ Operating a business	
	or the calendar year before that: anuary 1 to December 31, 2017)	■ Wages, commissions, bonuses, tips	\$120,000.00	☐ Wages, commissions, bonuses, tips	
		☐ Operating a business		☐ Operating a business	
5.	Did you receive any other income include income regardless of wheth and other public benefit payments; winnings. If you are filing a joint case List each source and the gross income No Yes. Fill in the details.	ner that income is taxable. Exa pensions; rental income; inter se and you have income that y	amples of other income are a rest; dividends; money collection received together, list it of the collection in the collection of the colle	ted from lawsuits; royalties; ar nly once under Debtor 1.	
		Debtor 1		Debtor 2	
		Sources of income Describe below.	Gross income from each source (before deductions and exclusions)	Sources of income Describe below.	Gross income (before deductions and exclusions)
Pa	art 3: List Certain Payments You	Made Before You Filed for	Bankruptcy		
6.	individual primarily for a During the 90 days beform No. Go to line 7	Debtor 2 has primarily consumers personal, family, or househouse you filed for bankruptcy, div.	umer debts. Consumer debts Id purpose." Id you pay any creditor a tota		
	paid that cr not include	editor. Do not include paymer payments to an attorney for the	nts for domestic support oblig his bankruptcy case.	n one or more payments and a ations, such as child support a or after the date of adjustmen	and alimony. Also, do

Debtor 1 Travis Heath Davidson

De	DIOF 1 I I I I I I I I I I I I I I I I I I	is Heath	Davidson		Cas	se number (# known)		
				ve primarily consumer de d for bankruptcy, did you pa		al of \$600 or more	?	
	ı	No.	Go to line 7.					
		□ Yes	List below each credit	or to whom you paid a total domestic support obligation uptcy case.				
	Creditor's N	Name and	Address	Dates of payment	Total amount paid	Amount you still owe	Was this payn	nent for
7.	Insiders incluof which you a business you alimony.	ide your re are an off ou operate	elatives; any general pa icer, director, person in e as a sole proprietor. 1	cy, did you make a payme artners; relatives of any gen control, or owner of 20% o 1 U.S.C. § 101. Include pay	eral partners; partners r more of their voting	erships of which you	ou are a general p any managing age	artner; corporation nt, including one fo
			ents to an insider.					
	Insider's Na	ame and A	Address	Dates of payment	Total amount paid	Amount you still owe	Reason for thi	s payment
	■ No		ebts guaranteed or cos ents to an insider	igned by an insider.				
	Insider's Na	ame and A	Address	Dates of payment	Total amount paid	Amount you still owe	Reason for thi	
Pa	rt 4: Identif	fy Logal A	ctions, Repossession	ns and Forcelosures	paiu	Still Owe	include creditor	5 Hame
9.	Within 1 yea List all such i modifications	r before y	you filed for bankrupt cluding personal injury tract disputes.	cy, were you a party in an cases, small claims actions	y lawsuit, court ac s, divorces, collectio	tion, or administ n suits, paternity a	rative proceeding actions, support or	j? · custody
	Case title Case numb			Nature of the case	Court or agency		Status of the o	case
		REY P BO	= -	COLLECTIONS	ELKHART SUP COURT 4 101 NORTH MA STE 105 Goshen, IN 465	AIN STREET,	☐ Pending ☐ On appeal ☐ Concluded	
10.	Check all tha	it apply an	d fill in the details below	cy, was any of your prope	erty repossessed, f	oreclosed, garnis	shed, attached, s	eized, or levied?
	■ Yes. Fill Creditor Na		ormation below.	Describe the Property		Date		Value of the
	Oreanor Na	iiio ana P	1441633			Date		property
				Explain what happened	ı			

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Case number (if known)

	Creditor Name and Address	Describe the Property	Date	Value of the property
	GM FINANCIAL	Explain what happened 2016 CHEVROLET CRUZE	1/2019	\$12,000.00
	PO BOX 181145	2010 GILVINGLET GNOZE	172013	Ψ12,000.00
	Arlington, TX 76096	■ Property was repossessed.□ Property was foreclosed.□ Property was garnished.		
		☐ Property was attached, seized or levied.		
11.	Within 90 days before you filed for bank accounts or refuse to make a payment b ■ No □ Yes. Fill in the details.	ruptcy, did any creditor, including a bank or financial ir necause you owed a debt?	stitution, set off any	amounts from your
	Creditor Name and Address	Describe the action the creditor took	Date action was taken	Amount
Par	court-appointed receiver, a custodian, o No Yes List Certain Gifts and Contribution			
13.	Within 2 years before you filed for bank ■ No □ Yes. Fill in the details for each gift.	ruptcy, did you give any gifts with a total value of more	than \$600 per person	?
	Gifts with a total value of more than \$6 per person	Describe the gifts	Dates you gave the gifts	Value
	Person to Whom You Gave the Gift and Address:	1		
14.	Within 2 years before you filed for bank ■ No □ Yes. Fill in the details for each gift or or	ruptcy, did you give any gifts or contributions with a tot	al value of more than	\$600 to any charity?
	Gifts or contributions to charities that more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Coo	total Describe what you contributed	Dates you contributed	Value
Par	t 6: List Certain Losses			
15.	Within 1 year before you filed for bankru or gambling?	uptcy or since you filed for bankruptcy, did you lose any	thing because of the	ft, fire, other disaster
	■ No □ Yes. Fill in the details.			
	Describe the property you lost and how the loss occurred	Describe any insurance coverage for the loss Include the amount that insurance has paid. List pending insurance claims on line 33 of <i>Schedule A/B: Property</i> .	Date of your loss	Value of property lost

Debtor 1 Travis Heath Davidson

Debtor 1 Travis Heath Davidson

Case number (if known)

Par	t 7: List Certain Payments or Transfers					
16.	Within 1 year before you filed for bankruptc consulted about seeking bankruptcy or prepended any attorneys, bankruptcy petition prepended.	paring a bankruptcy pet	ition?			rty to anyone you
	□ No					
	Yes. Fill in the details.					
	Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not You	Description and v transferred	alue of any proper	rty	Date payment or transfer was made	Amount of payment
	Glaser & Ebbs 132 E Berry St Fort Wayne, IN 46802 skitsos@glaserebbsfw.com	Attorney Fees			2019	\$350.00
17.	Within 1 year before you filed for bankrupto promised to help you deal with your credito Do not include any payment or transfer that you No Yes. Fill in the details.	rs or to make payments			r transfer any prope	rty to anyone who
	Person Who Was Paid Address	Description and v transferred	alue of any proper	rty	Date payment or transfer was made	Amount of payment
18.	Within 2 years before you filed for bankrupt transferred in the ordinary course of your be include both outright transfers and transfers mainclude gifts and transfers that you have alread	usiness or financial affa ade as security (such as t	iirs? he granting of a sec			
	■ No □ Yes. Fill in the details.					
	Person Who Received Transfer Address				iny property or received or debts change	Date transfer was made
	Person's relationship to you					
19.	Within 10 years before you filed for bankrup beneficiary? (These are often called asset-pro ■ No □ Yes. Fill in the details.		y property to a sel	f-settled tru	st or similar device o	of which you are a
	Name of trust	Description and v	alue of the proper	ty transferre	ed	Date Transfer was made
	t 8: List of Certain Financial Accounts, Ins	•	·			
20.	Within 1 year before you filed for bankrupto; sold, moved, or transferred? Include checking, savings, money market, ohouses, pension funds, cooperatives, associated to the cooperative of the cooperative	or other financial accour	nts; certificates of			
■ No						
	Yes. Fill in the details.					
	Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)	Last 4 digits of account number	Type of account instrument	clo	e account was sed, sold, ved, or	Last balance before closing or transfer

5 - I. (4		11	D
Debtor 1	Iravis	Heath	Davidson

Case number (if known)

21.	Do you now have, or did you have within 1 year cash, or other valuables?	before you filed for bankruptcy, a	ny safe deposit box or other deposito	ry for securities,
	■ No □ Yes. Fill in the details.			
	Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	Who else had access to it? Address (Number, Street, City, State and ZIP Code)	Describe the contents	Do you still have it?
22.	Have you stored property in a storage unit or pl	lace other than your home within 1	year before you filed for bankruptcy?	?
	■ No □ Yes. Fill in the details.			
	Name of Storage Facility	Who else has or had access	Describe the contents	Do you still
	Address (Number, Street, City, State and ZIP Code)	to it? Address (Number, Street, City, State and ZIP Code)	bescribe the contents	have it?
Par	t 9: Identify Property You Hold or Control for	Someone Else		
23.	Do you hold or control any property that someofor someone.	one else owns? Include any proper	ty you borrowed from, are storing for	, or hold in trust
	■ No □ Yes. Fill in the details.			
	Owner's Name Address (Number, Street, City, State and ZIP Code)	Where is the property? (Number, Street, City, State and ZIP Code)	Describe the property	Value
Par	t 10: Give Details About Environmental Informa	ation		
For	the purpose of Part 10, the following definitions	apply:		
	Environmental law means any federal, state, or toxic substances, wastes, or material into the a regulations controlling the cleanup of these sul	ir, land, soil, surface water, ground	- •	
	Site means any location, facility, or property as to own, operate, or utilize it, including disposal	-	aw, whether you now own, operate, o	or utilize it or used
	Hazardous material means anything an environ hazardous material, pollutant, contaminant, or		waste, hazardous substance, toxic s	substance,
Rep	ort all notices, releases, and proceedings that ye	ou know about, regardless of wher	they occurred.	
24.	Has any governmental unit notified you that you	u may be liable or potentially liable	under or in violation of an environme	ental law?
	■ No □ Yes. Fill in the details.			
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice
25.	Have you notified any governmental unit of any	·		
	■ No □ Yes. Fill in the details.			
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice

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De	ebtor 1 Travis Heath Davidson		Case number (if known)	
26.	. Have you been a party in any judicial or	administrative proceeding under any envi	ronmental law? Include settlemen	nts and orders.
	■ No			
	Yes. Fill in the details.			
	Case Title Case Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Nature of the case	Status of the case
Pa	art 11: Give Details About Your Business	or Connections to Any Business		
27.	. Within 4 years before you filed for bankr	uptcy, did you own a business or have an	ny of the following connections to	any business?
		ed in a trade, profession, or other activity,	-	,
	■ A member of a limited liability co	ompany (LLC) or limited liability partnersh	ip (LLP)	
	☐ A partner in a partnership			
	☐ An officer, director, or managing	executive of a corporation		
	☐ An owner of at least 5% of the vo	oting or equity securities of a corporation		
	☐ No. None of the above applies. Go	to Part 12.		
	Yes. Check all that apply above and	fill in the details below for each business	S.	
	Business Name	Describe the nature of the business	Employer Identification nur	
	Address (Number, Street, City, State and ZIP Code)	Name of accountant or bookkeeper	Do not include Social Secu	rity number or ITIN.
	DAVISON AUTO DEALS	AUTO SALES	Dates business existed EIN: 83-3541583/0	
	600 S HUNTINGTON	SELF	From-To 3/26/19 TO CUI	DDENT
	Syracuse, IN 46567	JELF		TREINI
28.	. Within 2 years before you filed for bankr institutions, creditors, or other parties.	uptcy, did you give a financial statement	to anyone about your business? I	nclude all financial
	_			
	■ No □ Yes. Fill in the details below.			
	Name	Date Issued		
	Address (Number, Street, City, State and ZIP Code)			
Pa	art 12: Sign Below			
l ha	ave read the answers on this Statement of	Financial Affairs and any attachments ar	nd I declare under penalty of perio	iry that the answers
are	true and correct. I understand that making	g a false statement, concealing property,	or obtaining money or property b	
	th a bankruptcy case can result in fines up U.S.C. §§ 152, 1341, 1519, and 3571.	to \$250,000, or imprisonment for up to 20	years, or both.	
/s/	/ Travis Heath Davidson			
	ravis Heath Davidson gnature of Debtor 1	Signature of Debtor 2		
		Data.		
	May 8, 2019			
Did ■ 1	d you attach additional pages to <i>Your State</i>	ement of Financial Affairs for Individuals I	Filing for Bankruptcy (Official For	m 107)?
	No Yes			
	d you pay or agree to pay someone who is	not an attorney to help you fill out bankru	uptcv forms?	
		and the same of th	1	
□ `	Yes. Name of Person Attach the Ban	kruptcy Petition Preparer's Notice, Declaration	on, and Signature (Official Form 119	9).

Official Form 107

Fill in this infor	mation to identify your o	case:		
Debtor 1	Travis Heath Davi	dson		
	First Name	Middle Name	Last Name	
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	NORTHERN DIST	RICT OF INDIANA	
Case number				
(if known)				☐ Check if this is an
				amended filing
Official Fo	rm 108			
Stateme	nt of Intentio	n for Indiv	iduals Filing Under Chapt	er 7
	ividual filing under chap	. •	out this form if:	
_	e claims secured by you sed personal property a		at expired	
You must file thi	is form with the court we ever is earlier, unless the	ithin 30 days after y	you file your bankruptcy petition or by the date s time for cause. You must also send copies to the	
If two married pe	eonle are filing together	in a joint case, bot	h are equally responsible for supplying correct	information. Both debtors must
	nd date the form.	in a joint sass, set	a.o oquany roopenensio ier cappryning contest	miorinationi Both abbtero mast
			needed, attach a separate sheet to this form. Or	the top of any additional pages,
write y	our name and case num	nber (if known).		
Part 1: List Y	our Creditors Who Have	Secured Claims		
1. For any credit	ors that you listed in Pa	rt 1 of Schedule D:	Creditors Who Have Claims Secured by Property	ty (Official Form 106D), fill in the
information be	elow. editor and the property th	nat is collateral	What do you intend to do with the property that	at Did you claim the property
	,		secures a debt?	as exempt on Schedule C?
Creditor's C	CHRYSLER CAPITAL		Surrender the property.	□ No
name:			Retain the property and redeem it.	■ Yes
Description of	2010 FORD FLEX 8	8961 miles	Retain the property and enter into a Reaffirmation Agreement.	■ Yes
property			☐ Retain the property and [explain]:	
securing debt	:			_
			_	_
Creditor's X	(L Funding		☐ Surrender the property.	□ No
name.			Retain the property and redeem it.Retain the property and enter into a	■ Yes
Description of		SALES LLC	Reaffirmation Agreement.	_ 100
property	100 % ownership		☐ Retain the property and [explain]:	
securing debt:				

Part 2: List Your Unexpired Personal Property Leases

For any unexpired personal property lease that you listed in Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G), fill in the information below. Do not list real estate leases. Unexpired leases are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2).

Describe your unexpired personal property leases

Will the lease be assumed?

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

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Lessor's name:	□ No
Description of leased	L NO
Property:	☐ Yes
Lessor's name:	□ No
Description of leased Property:	☐ Yes
Lessor's name:	□ No
Description of leased Property:	☐ Yes
Lessor's name:	□ No
Description of leased Property:	☐ Yes
Lessor's name:	□ No
Description of leased Property:	☐ Yes
Lessor's name:	□ No
Description of leased Property:	☐ Yes
Lessor's name:	□ No
Description of leased Property:	☐ Yes
Part 3: Sign Below	
Under penalty of perjury, I declare that I have indicated my intention about any pr	operty of my estate that secures a debt and any personal
property that is subject to an unexpired lease.	
X /s/ Travis Heath Davidson X	
Travis Heath Davidson Signature of Debtor 1	ure of Debtor 2
Date Date	

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7:	Liquidation
\$245	filing fee
\$75	administrative fee
+ \$15	trustee surcharge
\$335	total fee

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes:

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft:

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

+ \$550 administrative fee \$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$75	administrative fee
	\$275	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$75	administrative fee
	\$310	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to:

http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/Bankruptcy/BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. B2030 (Form 2030) (12/15)

United States Bankruptcy Court Northern District of Indiana

In re	Travis Heath Davidson		Case N	D	
		Debtor(s)	Chapte	7	
	DISCLOSURE OF COMPE	ENSATION OF ATTOR	NEY FOR I	DEBTOR(S)	
C	ursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2010 ompensation paid to me within one year before the filit rendered on behalf of the debtor(s) in contemplation	ing of the petition in bankruptcy,	or agreed to be pa	id to me, for services rendered	d or to
	For legal services, I have agreed to accept		\$	700.00	
	Prior to the filing of this statement I have received		\$	350.00	
	Balance Due		\$	350.00	
2. \$	335.00 of the filing fee has been paid.				
3. T	ne source of the compensation paid to me was:				
	■ Debtor □ Other (specify):				
4. T	ne source of compensation to be paid to me is:				
	■ Debtor □ Other (specify):				
5. I	I have not agreed to share the above-disclosed com	pensation with any other person u	unless they are me	embers and associates of my la	aw firm.
	I have agreed to share the above-disclosed compen copy of the agreement, together with a list of the na				m. A
5. Iı	return for the above-disclosed fee, I have agreed to	render legal service for all aspects	of the bankrupto	y case, including:	
b. c. d.	Analysis of the debtor's financial situation, and rend Preparation and filing of any petition, schedules, sta Representation of the debtor at the meeting of credi Representation of the debtor in adversary proceedin [Other provisions as needed]	atement of affairs and plan which tors and confirmation hearing, an	may be required; d any adjourned l		' ;
7. B	y agreement with the debtor(s), the above-disclosed for Representation of the debtors in any disany other adversary proceeding. Negotilling of reaffirmation agreements and a USC 522(f)(2)(A) for avoidance of liens	ischargeability actions, judic tiations with secured credito applications as needed; prep on household goods.	cial lien avoida ers to reduce to	market value; preparatio	n and
_		CERTIFICATION			
	certify that the foregoing is a complete statement of an arrival proceeding.	ny agreement or arrangement for	payment to me fo	r representation of the debtor(s) in
May 8, 2019 Date		Is/ Sabrina Jill Kitsos Sabrina Jill Kitsos Signature of Attorne Glaser & Ebbs 132 E Berry St Fort Wayne, IN 46 260-424-0954 Fax	s 24978-02		
		skitsos@glasereb			
		Name of law firm			

(6/2010	0)			
		United States Bankruptcy Cour Northern District of Indiana	·t	
In re	Travis Heath Davidson		Case No.	
		Debtor(s)	Chapter	7
	VERIF	FICATION OF CREDITOR M	IATRIX	
	ne above-named debtor(s) verifies und knowledge.	der penalty of perjury that the attached list of	creditors is tru	ne and correct to the best of
Date:	May 8, 2019	/s/ Travis Heath Davidson		
		Travis Heath Davidson		

Signature of Debtor

ACCEPTANCE NOW 5501 HEADQUARTERS PLANO, TX 75024

ARDEN SHANK 10200 N MIAMI AVE MIAMI, FL 33150

CAPITAL ONE BANK 120 CORPORATE BLVD STE 100 NORFOLK, VA 23502

CHASE BANK 401 S MAIN ST GOSHEN, IN 46526

CHECK SMART 6785 BOBCAT WAY DUBLIN, OH 43016

CHIPHONE CREDIT UNION 1655 W. BEARDSLEY AVE ELKHART, IN 46514

CHRYSLER CAPITAL PO BOX 961275 FORT WORTH, TX 76161

CONVERGENT OUTSOURCING 800 SW 39TH STREET RENTON, WA 98057

CREDIT COLLECTION SERVICE 725 CANTON STREET NORWOOD, MA 02062

DAVID KAY MD 529 S SECOND ST ELKHART, IN 46516

DR JEFFREY P BOLDUAN INC 1615 WINSTED DR STE 4 GOSHEN, IN 46526

ELKHART CLINIC 6324 TAYLOR DR FLINT, MI 48507

ELKHART EMERGENCY PHYSICIANS 529 S. 2ND STREET ELKHART, IN 46516

EMILY GARBER NP 529 S SECOND ST ELKHART, IN 46516

ERIE INSURANCE 100 ERIE INSURANCE PLACE ERIE, PA 16530

FARM BUREAU INSURANCE PO BOX 1250 INDIANAPOLIS, IN 46206

FINGERHUT/WEBBANK 6250 RIDGEWOOD RD SAINT CLOUD, MN 56303-0820

FIRST PREMIER BANK 3820 N LOUISE AVE SIOUX FALLS, SD 57104 FIRST SOURCE BANK PO BOX 1602 SOUTH BEND, IN 46634

GEICO ONE GEICO PLAZA BETHESDA, MD 20810

GM FINANCIAL PO BOX 181145 ARLINGTON, TX 76096

GOSHEN HOME MEDICAL 1501 S MAIN ST GOSHEN, IN 46526-4719

GOSHEN HOSPITAL PO BOX 139 GOSHEN, IN 46527-0139

GOSHEN HOSPITAL 1232 W STAR ROAD 2 LA PORTE, IN 46350

GOSHEN PEDIATRICS DR ADWOA & DR K ANIM 529 S SECOND ST ELKHART, IN 46516

GOSHEN WATER & SEWER PO BOX 238 GOSHEN, IN 46527-0238

JASON MOSHIER 529 S SECOND ST ELKHART, IN 46516 JODY NEER 529 S SECOND ELKHART, IN 46516

LEATHERMAN & MILLER 110 S. MAIN STREET CAUSE #20D04-1611-SC-006401 GOSHEN, IN 46526

MILESTONE/BANKCARD SERVICES PO BOX 4477 BEAVERTON, OR 97076

NATIONAL RECOVERY OPERATIONS PO BOX 26055
MINNEAPOLIS, MN 55426

NAVY FEDERAL CREDIT UNION PO BOX 3000 MERRIFIELD, VA 22119

NEW PARIS TELEPHONE PO BOX 584 GOSHEN, IN 46526

NIPSCO PO BOX 13010 MERRILLVILLE, IN 46411-3013

PROGRESSIVE INSURANCE PO BOX 55848 SHERMAN OAKS, CA 91413

RADIOLOGY INC PO BOX 1258 SOUTH BEND, IN 46624-1258 REGIONAL ACCEPTANCE 5425 ROBIA ROAD STE 1D NORFOLK, VA 23513

RESURGENT CAPITAL SERVICES PO BOX 1269
GREENVILLE, SC 29602

SPRINT
PO BOX 551268
JACKSONVILLE, FL 32255

THOMAS TOKAR 1720 BRISTOL ST ELKHART, IN 46514

VARHAN KRAL MD 529 S SECOND ST ELKHART, IN 46516

VERIZON PO BOX 25505 LEHIGH VALLEY, PA 18002

XFINITY 1701 JOHN F KENNEDY BLVD PHILADELPHIA, PA 19103

XL FUNDING 10333 N MERIDAN ST STE 200 CUTLER, IN 46920

ZEIGLER AUTO GROUP 4201 STADIUM DR KALAMAZOO, MI 49008